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ABSTRACT

This paper reports on a survey requesting information about the status of Illinois health education programs in grades 6-12. The survey was distributed to 1,123 school administrators, including unit superintendents and all principals of middle, junior, and senior high schools and of selected large elementary districts with organizational patterns including junior high and/or middle schools. The survey consisted of two major parts, which sought information about program and personnel. Analysis of the survey results indicates the following: (a) ninety-four schools do not have a formal health education program; (b) one hundred twenty schools schedule health education with the science curriculum; (c) four hundred twenty-six schools schedule health education classes with physical education; (d) one hundred forty schools reported health education as a distinct semester course; (e) fifty-one schools have integrated health education programs with health education units taught by teachers representing three or more disciplines; and (f) in grades six, seven, and eight health education classes are most often scheduled on a coeducational basis, and at the senior high level classes are most frequently scheduled according to sex. In summary, the survey has been useful in assessing health education program and needs in Illinois schools and by revealing four critical needs in health education in Illinois and providing a current roster of health education teachers. (PD)

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A SUMMARY REPORT "HEALTH EDUCATION STATUS SURVEY"

After the "Critical Health Problems and Comprehensive Health Education Act" was passed in August 1971, the Health Education Unit, in cooperation with the Division of Research, Planning and Development, Office of the Superintendent of Public Instruction, developed a survey instrument to collect basic information about the status of health education programs in Illinois schools.

Distribution

The survey was distributed to 1,123 school administrators. Since the survey requested information about health education programs in Grades 6-12, it was sent to unit superintendents and all principals of middle, junior and senior high schools. Selected large elementary districts with organizational patterns including junior high schools and/or middle schools were also asked to complete the survey form.

Elementary districts organized on a K-6 basis were not included because their practices are understood.

The Survey Instrument

The survey instrument consisted of two major parts which sought information about program and personnel.

The instrument asked respondents to describe scheduling procedures for health education classes, including the number of periods classes met per week and the total number of class periods comprising a course.

The curricular topics identified in the "Critical Health Problems and Comprehensive Health Education Act" were listed. Respondents were asked to indicate which of the topics were taught at each grade level, 6-12. A category listed "other" requested topics not included in the legislation but taught in the health education program at grade levels, 6-12. Respondents were also asked to indicate whether health education classes were coeducational or grouped according to sex.

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The personnel section requested respondents to identify by name all teachers who taught health education at all grade levels, 6-12, and to indicate the major and minor fields of academic preparation of each teacher listed. They were also asked to provide similar information for persons assigned primary responsibility for directing and coordinating the health education program.

Respondents were asked to return the completed survey form by April 15, 1972. The survey form is attached as Appendix A.

Response

Seven hundred eighty schools completed and returned the survey form by April 15, 1972. Thus, 69.7% of the schools surveyed are included in the "Summary Report." Additional forms were received later but were not included in the summary.

An analysis of the surveys revealed the following data:

1. Ninety-four schools reported that they did not have a formal health education program.

2. One hundred twenty schools scheduled health education with the science curriculum. This scheduling arrangement occurred most frequently at the 6th grade level.

3. Four hundred twenty-six schools scheduled health education classes, either totally or in part, with physical education.

4. One hundred forty schools reported health education as a distinct semester course. An analysis of brief course descriptions included with the survey forms revealed that the majority of these programs were taught by teachers of consumer science, home economics, psychology, social studies, driver education, and physical education. It is probable that many of the health education courses reported as "separate semester courses" were, in reality, included as segments of another course taught by teachers of subjects other than health education.

5. Fifty-one schools reported integrated health education programs with health education units taught by teachers representing three or more disciplines.

6. In Grades 6, 7, and 8, health education classes were most often scheduled on a coeducational basis. At the senior high school level, classes were most frequently scheduled according to sex.

Time Allotments

The amount of time devoted to health education varies among schools.

1. In junior high schools, at the 7th grade level, 45 schools reported daily (5 days per week) health education programs; 68 schools reported health education taught on 1, 2, or 3 days per week basis. At the 8th grade level, 81 schools taught health education on a 1, 2, or 3 days per week basis; 49 had daily instructional programs.

2. In unit districts, Grades 6-12, health education was most commonly taught on a 1, 2, or 3 days per week pattern.

3. In high school districts (9-12), daily health education programs were reported slightly more frequently than the 1, 2, or 3 days per week patterns.

Health Education Topics Taught

The topics included in the health education curricula of reporting schools are listed below. The order indicates the frequency with which topics were taught. With the exception of environmental health, the critical health problems were most frequently taught.

1. Drug use and abuse
2. Alcohol
3. Tobacco
4. Personal health habits
5. Human growth and development
6. Nutrition
7. First aid
8. Prevention and control of disease
9. Dental Health
10. Public and environmental health
11. Human ecology and health
12. Mental health and illness
13. Consumer health

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Personnel

Two hundred thirteen schools reported names of persons who were assigned primary responsibility for directing or coordinating health education programs. Coordinators were rarely health education specialists, and the group contained department chairmen, curriculum specialists, school administrators, and nurses.

The attached chart, Appendix B, entitled "Academic Preparation - Teachers of Health Education, As Revealed by the Health Education Status Survey," gives the major fields of academic preparation of 2,794 persons who were identified as health education teachers by respondents in the 780 schools completing the survey.

Only 59 teachers, 2.1%, of the total had baccalaureate preparation in health education. Teachers possessing minor preparation in health education totaled 253, or 11% of the total. Thus, only 13.1% of the health education teachers have, at least, minimal preparation (20 semester hours) in health education. The majority of health education teachers, 52%, have basic preparation in physical education.

From the responses, it would appear that almost any teacher may be assigned responsibility for teaching health education.

Summary

The results from the surveys have assisted the Health Education Unit and the Health Education Advisory Committee to make a valid assessment of health education programs and needs in Illinois schools. The data has also been useful in ordering priorities for implementing the "Critical Health Problems and Comprehensive Health Education Act."

The survey data revealed four critical needs in health education in Illinois, although there are notable exceptions in some schools. They are, (1) a serious need to improve the competence of teachers of health education, (2) a need to develop scheduling arrangements which will provide a framework from which a comprehensive health education program can be offered in middle, junior and senior high school programs, (3) a need to develop curricular guidelines in order that schools can develop a planned, sequential, comprehensive health education program which will meet the needs of Illinois youth, and (4) a need for each school district to appoint a qualifie person with interest in health education to coordinate the program at the district level.

A most desirable outcome of the survey has been that it provided, for the first time, a current roster of health education teachers.

ACADEMIC PREPARATION
TEACHERS OF HEALTH EDUCATION
AS REVEALED BY
THE "HEALTH EDUCATION STATUS SURVEY," APRIL 1972

Major Field of Preparation			
Physical Education	1,476	Botany	6
Science	277	Driver Education	6
Biology	178	Sociology	5
Health and Physical Education	155	Art	4
Home Economics	136	Psychology	4
Social Studies	96	Spanish	4
Education	74	Economics	3
English	63	Language Arts	3
Health Education	59	Music	3
Mathematics	36	Commerce	2
History	29	Political Science	2
Guidance	25	French	1
Nursing	25	Horticulture	1
Business	22	Latin	1
Chemistry	22	Public Health	1
Administration	18	Religion	1
Zoology	17	Speech	1
Industrial Arts	15	Vocational Education	1
Geography	11	Forestry	1
Physics	10	TOTAL	2,794

Teachers presenting health education as a minor field of academic preparation 253